Health Policy Commission

CHART Information Session

November 14, 2013

Agenda

- Welcome from the Executive Director
- Background on the Health Policy Commission
- Background on CHART
- Eligibility
- Phase 1 Pathways
- Phase 1 RFP Materials & Submission
- Review & Selection
- Phase 1 Core Activities
- Frequently Asked Questions
- Q&A

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Health Policy Commission: At a glance

Who we are

The Massachusetts Health Policy Commission is an independent state agency governed by an 11-member board with diverse experience in health care.

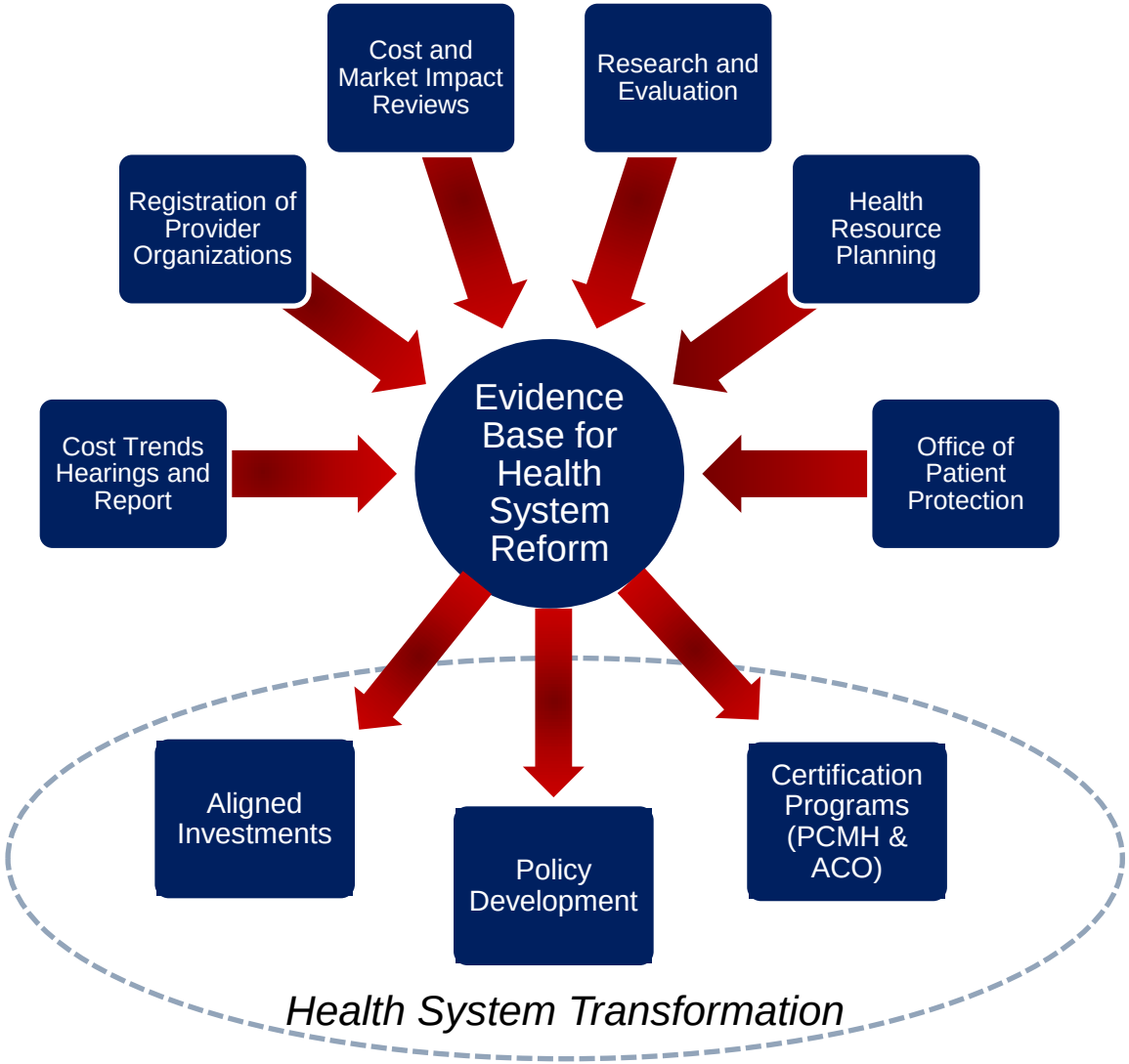
Mission

Our mission is to promote informed dialogue, evidence-based policy, and innovative models to foster transformation through ongoing evaluation of the Massachusetts health care system.

Vision

Our vision is a transparent, accountable health care system that ensures quality, affordable, and accessible health care for the Commonwealth's residents.

The HPC Cycle: data in, programs and policy out



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Contact with the Health Policy Commission

Selection of Awardees pursuant to this RFP is being conducted consistent with state bidding practices. Qualified Acute Hospitals, or any agent(s) working on their behalf, are prohibited from communicating directly with any HPC Commissioners or staff regarding this RFP except as specified in **Section VI.C** below. No other individual Commonwealth employee or representative is authorized to provide any information or respond to any question or inquiry concerning this RFP. Any unauthorized communication or contact may result in immediate ineligibility of a Qualified Acute Hospital at the sole discretion of the HPC.

HPC-CHART-001 RFP, Section VI.B, "**Contact of Eligible Entities with Health Policy Commission"**

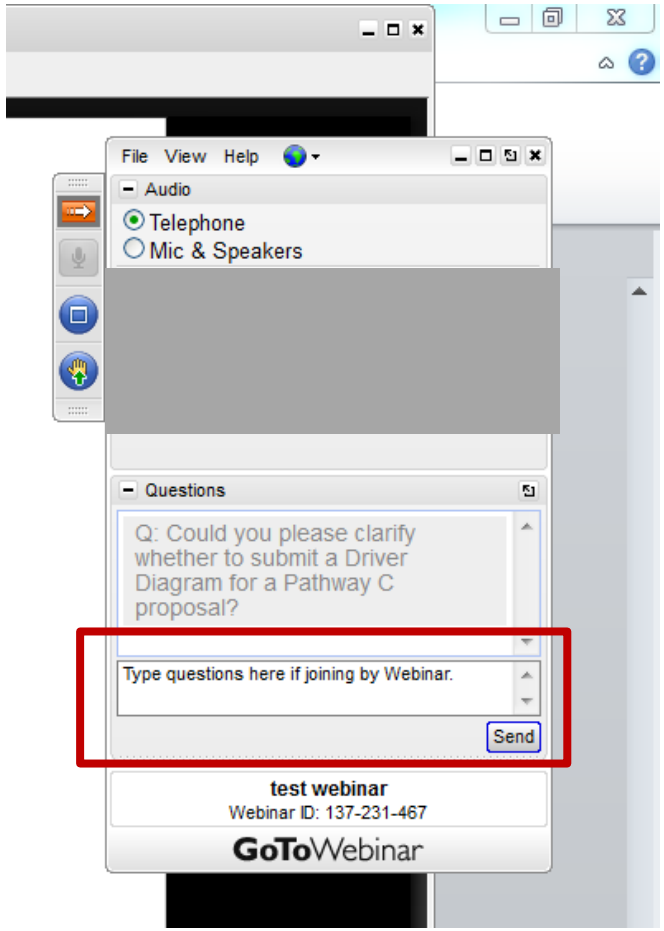
SOURCE: Mass. General Laws

Contact with the Health Policy Commission

- The HPC may provide clarification about information contained within the RFP and answer written questions about process, goals, and expectations sent to HPC-CHART@state.ma.us
- The HPC cannot provide project-specific guidance during this competitive application process
- Eligible applicants cannot call or directly email any staff member or Commissioner at the HPC about CHART or this RFP during this competitive application process

Questions by webinar

- If joining by webinar, please type questions into the question box and HPC staff will address them



Community Hospital Acceleration, Revitalization, and Transformation

Charting a course for the right care at the right time in the right place

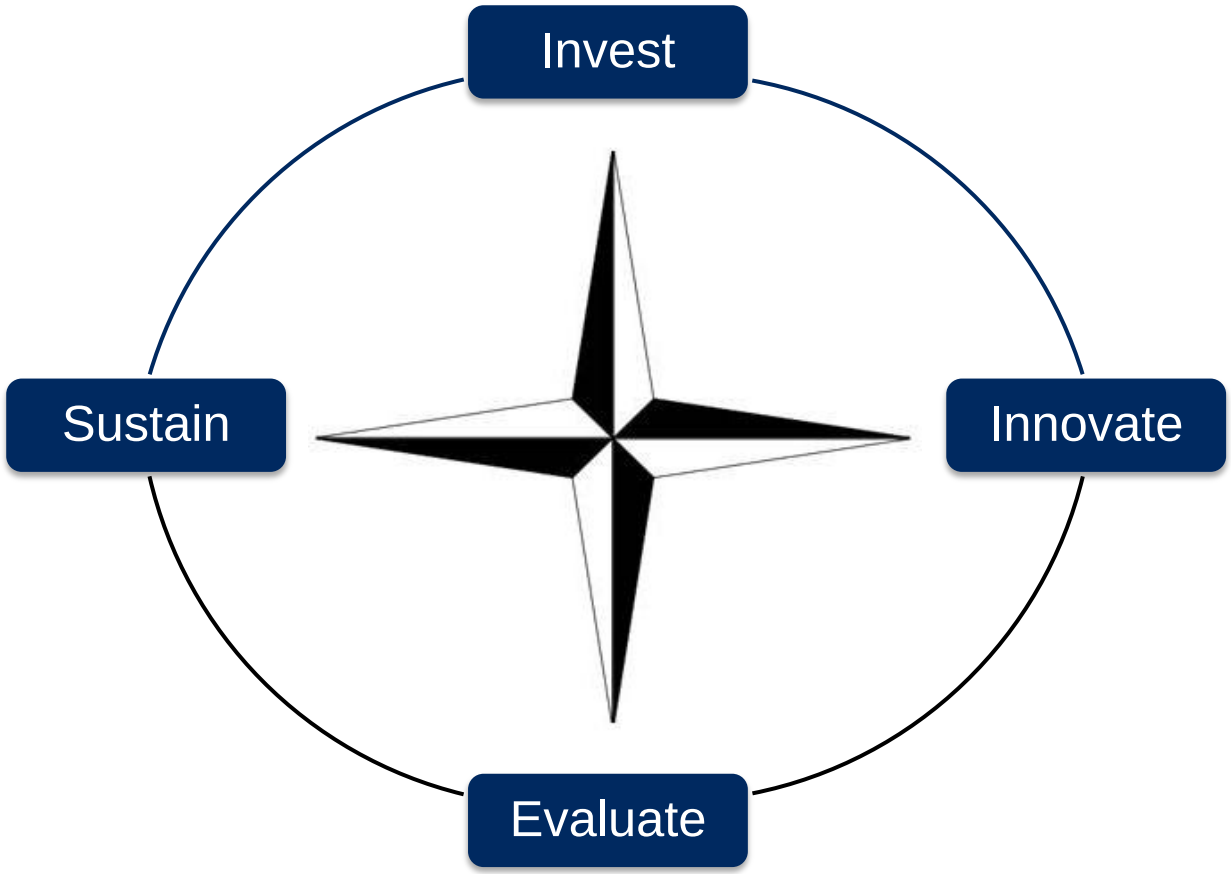


CHART: Community Hospital Acceleration, Revitalization, and Transformation

Overview of CHART Investments

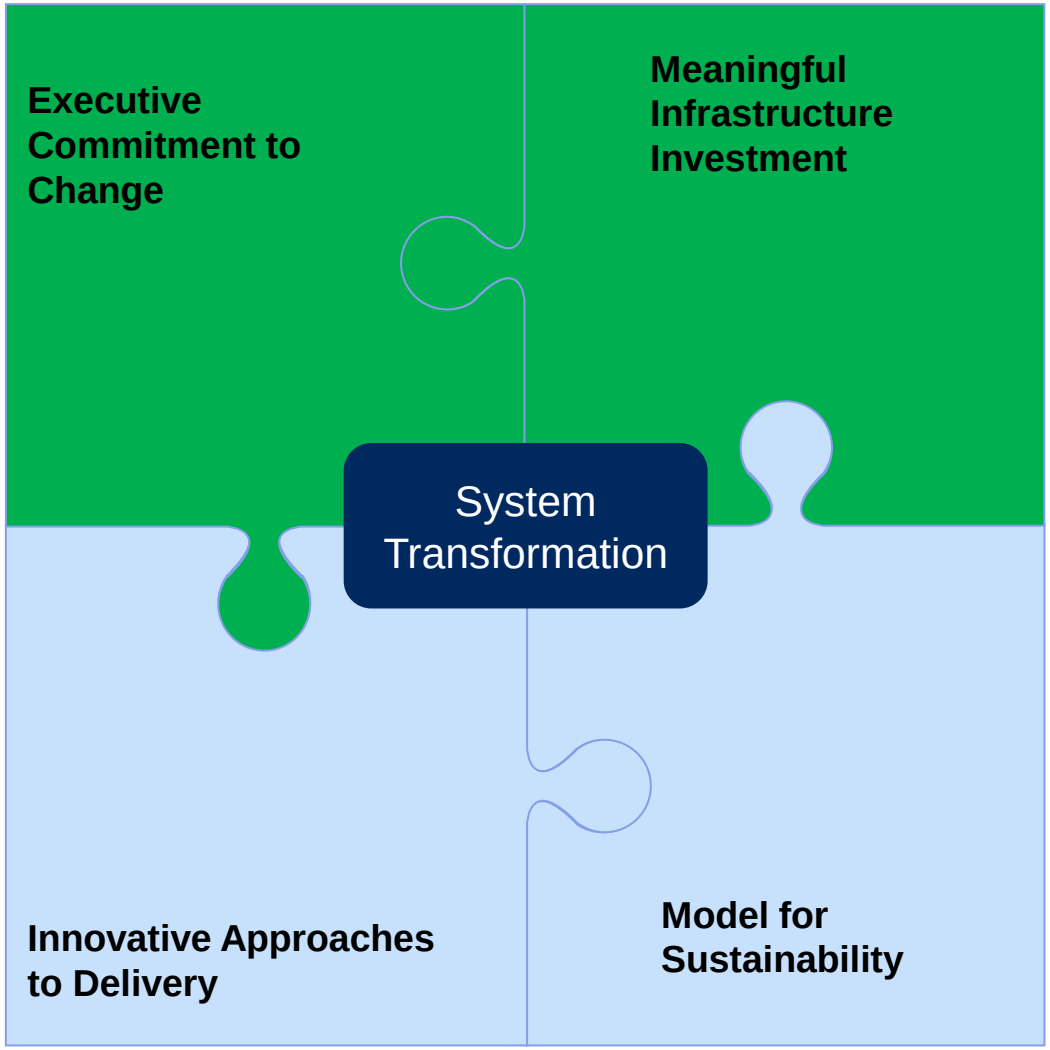
- Funded by the one-time assessment on payers and select providers
- Total amount of $119.08M
  - *$128.25M, less $9.17M provided in mitigation to qualifying acute hospitals*
- Unexpended funds may to be rolled over to following year and do not revert to General Fund
- Competitive proposal process to receive funds
- Strict eligibility criteria: ~25-30 eligible community hospitals
  - *Non-teaching, non-profit, low relative price*
- Phased allocation process, beginning with a small (~$10M) opportunity in Fall 2013

Primary Goals

- Promote efficient, effective, integrated care delivery
- Improve quality and patient safety while reducing costs
- Develop capacity to become an accountable care organization
- Advance adoption of health information technology and the electronic exchange of information between providers
- Increase capacity to bear risk and adopt alternative payment methodologies

Achieve sustainable, scalable interventions that benefit communities

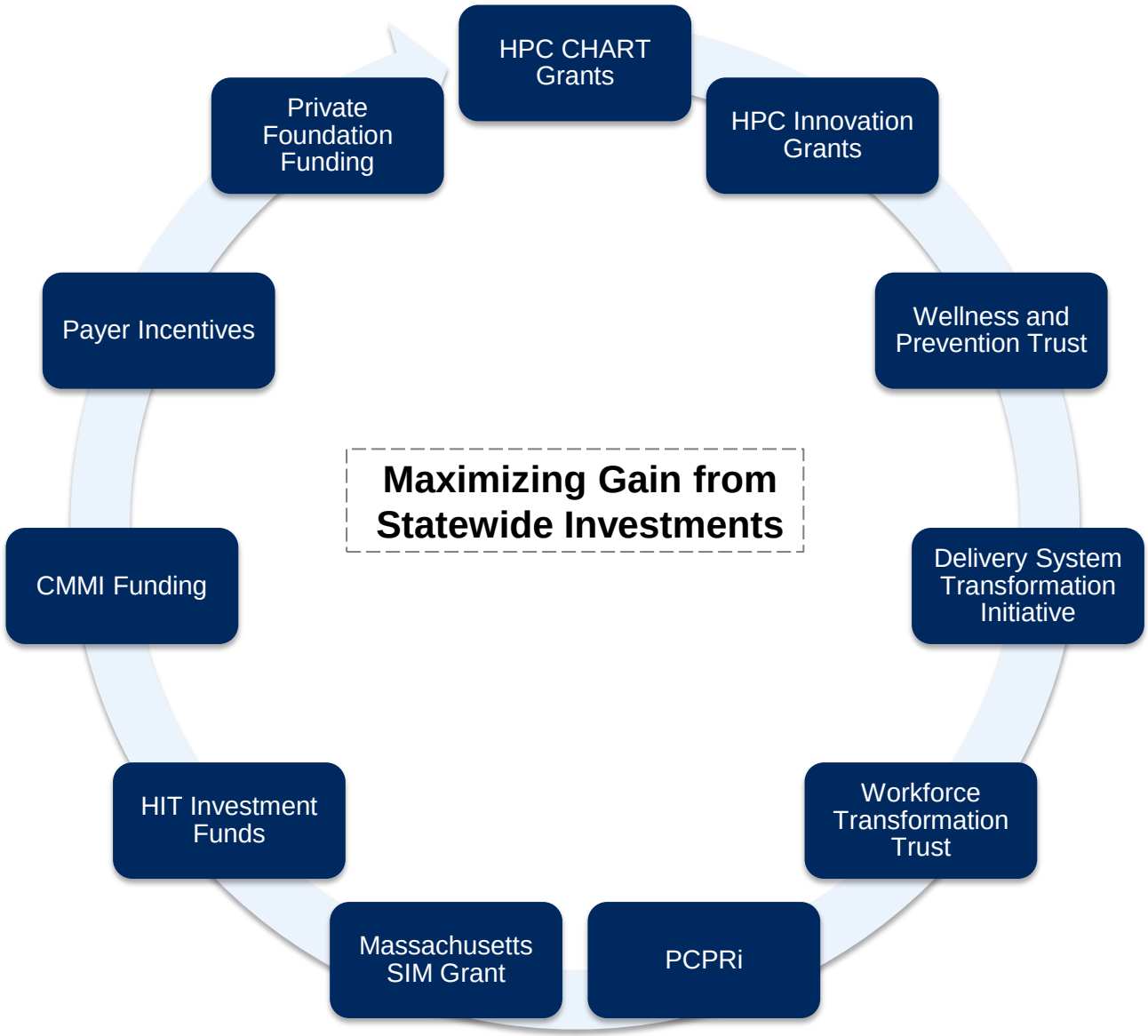
Necessary factors of change



Factors for future investment

Factors for Phase 1 investment

Alignment with investments across agencies and programs



Proposed Framework for Year 1 Investments

Robust Public Development Process

- Reflects learning from many stakeholders, including:
  - market participants, including payers, providers, and purchasers
  - local and national content experts
  - diverse array of investors (private sector grant making/investment entities, other states and federal government, payers, etc.)
  - HPC Advisory Council members
  - Extensive Commission deliberation and process, including nine meetings of the Commission or its Committees
- Provides opportunity for shared development of future CHART activities by stakeholders and HPC
- Reflects a strong basis in accountability with an early focus on evaluation
- Received strong endorsement of the Health Policy Commission on October 16, 2013

Six regulatory goals for CHART investments

Sustainable, Scalable Interventions with ROI

Efficient, Effective Care Delivery	Enhance care coordination, advance integration of behavioral and physical health services, promote evidence-based care practices and efficient care delivery, and provide culturally and linguistically appropriate services
Advance HIT Adoption	Enhance interoperable electronic health records systems and clinical support tools
Advance HIE Spread	Accelerate the ability to electronically exchange information with other providers to ensure continuity of care and enhanced coordination across the continuum of providers and organizations in the community served by the Applicant
Increase APM Adoption	Enhance analysis performance management tools, including to promote transparency, to aggregate and analyze clinical data, and to facilitate appropriate care management, especially for vulnerable populations and those with complex health care needs
Develop Capacity for ACO Cert.	Aid in the development of care practices and other operational standards necessary for certification as an accountable care organization
Improve Affordability & Quality	Enhance patient safety efforts, increase access to behavioral health services, and coordination between hospitals and community-based providers and organizations

SOURCE: 958 CMR 5.00

Phase 1 includes foundational activities leading to Phase 2

Phase 1: Fall 2013 – Foundational Activities to Prime System Transformation

- $10 million total opportunity with many eligible hospitals receiving funds
- Short term, high-need expenditures
- Participation not requisite for receipt of Phase 2 funds nor a guarantee of Phase 2 award
- Identified need to assess capability and capacity of participating institutions
- Opportunity to develop engagement and foster learning

Phase 2: Spring 2014 – Driving System Transformation

- Deeper investment in limited set of hospitals – competitive application process
  - Multi-year, system or service line transformations in Commission-identified areas of focus
  - Testing models of system transformation
- Multiple potential funding models tailored to a variety of institutional needs/settings
- Close engagement between awardees and HPC

Ongoing program development

QI, Collaboration, and Leadership Engagement
Measurement & Evaluation
HPC Partnership with Awardees

CHART Framework – driving to deep investment in Phase 2

Phase 1: Approach

- **Pathway A: Rapid-cycle pilots**
  - < 6 month model testing
- **Pathway B: Capability and capacity development**
  - Infrastructure
  - Training
  - Personnel investment
- **Pathway C: Planning**
  - Strategic / operational planning

Phase 1: HPC Operations

- **HPC partnership with awardees**
  - QI, efficiency, collaboration, and leadership engagement
  - Capability, capacity, and culture assessment and development
  - Data capacity development
  - Building learning environments
- **Early evaluation**

Phase 2: Spring 2014 – Driving System Transformation

- **Behavioral Health, e.g.:**
  - ED boarding
  - Inpatient treatment of SA
  - BH integration
- **Care Coordination and Care Transitions, e.g.:**
  - Readmission/preventable hospitalization reduction
  - Hot-spotting/PHM
- **Service Line Efficiency, e.g.:**
  - OB/GYN
  - ICU/Med-Surg
  - Resource stewardship

Draft Examples for Discussion Only

Foundational Investments to Prime System Transformation

Goals of Phase 1

- Invest in core activities necessary for eligible hospitals to be able to engage in meaningful transformation efforts in the future, including three models for award:
  - Pathway A – rapid-cycle pilots
  - Pathway B – capability and capacity development
  - Pathway C – strategic and operational planning
- Develop working knowledge of each Awardees current state, including needs, challenges, and opportunities, to better inform the ongoing development of future phases of the CHART program
- Maximize potential for meaningful and sustainable impact

Information Session key takeaways

- The following presentation is a summary describing and clarifying the RFP and FAQs – no new information will be presented
- There are 3 Pathways, and Applicants can apply for 1, 2, or 3 Pathways in a single proposal
- There is no separate narrative response; short answers will go in the Operational Response document
- Phase 1 aims to build a foundation for future transformation work
  - Hospitals who find that a Pathway A or B proposal is too time and/or resource intense within the timeline provided by this RFP should consider a Pathway C planning proposal
  - Participation in Phase 1 is not required for receipt of Phase 2 funds, however, the HPC strongly encourages all CHART-eligible hospitals to submit an application for early engagement in this program
- The HPC will accept written questions sent to HPC-CHART@state.ma.us up to Friday, December 6 at 3:00pm

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CHART Phase 1 Hospital Eligibility, *as determined by Chapter 224 of the Acts of 2012*

78 Massachusetts Acute Care Hospitals

C. 224 excludes acute care hospital or health system with for-profit status

Non Profit

C. 224 excludes major teaching hospitals

Non Teaching

C. 224 excludes hospitals whose relative prices are determined to be above the statewide median relative price

Lower Relative Price[1]

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Mary Lane Hospital
BID – Milton
BID – Needham
Emerson Hospital
Harrington Memorial
HealthAlliance
Hallmark Health – *Lawrence Memorial and Melrose-Wakefield Hospitals*
Heywood Hospital
Holyoke Medical Center
Jordan Hospital *(BID-Plymouth)*
Lahey Health – *Beverly and Addison Gilbert Hospitals*
Lawrence General
Lowell General
Mercy Medical Center
Milford Regional Hospital
New England Baptist Hospital
Noble Hospital
North Adams Regional Hospital
Shriners Hospital (Boston)
Signature Healthcare Brockton Hospital
Southcoast Hospitals Group – *Charlton, Tobey, and St. Luke's Hospitals*
UMass Marlborough Hospital
UMass Wing Hospital
Winchester Hospital

[1]A weighted average of relative prices (by payer mix) was calculated using 2011 and 2012 data from the Center for Health Information and Analysis for all commercial payers, Medicare Advantage, and all MMCOs. This eligibility list is valid for Phase 1 only.

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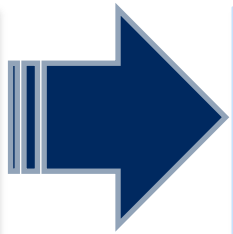
CHART Phase 1 RFP – Pathways

"The goal of Pathway A is to fund small, rapid-cycle tests of change to evaluate the potential impact of certain evidence-based models in the community hospital setting as proposed by Applicants, as well as to assess the capacity of institutions to implement innovative delivery models."

– HPC-CHART-001, Section I.D.1, p. 6

- **Pathway A: Rapid-cycle pilots**
  - < 6 month model testing
- **Pathway B: Capability and capacity development**
  - Infrastructure
  - Training
  - Personnel investment
- **Pathway C: Planning**
  - Strategic / operational planning



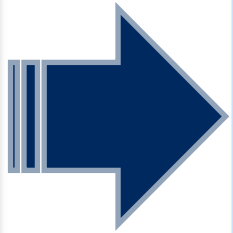
- **Pathway A: Rapid-cycle pilots**
  - Current capability and capacity must be previously established **or** enhanced with a concurrent Pathway B application
  - May serve as proof of concept (PDSA) for Phase 2 application
  - Early evaluation metrics must be available prior to submission of Phase 2 application
  - May include expansion of current initiatives
  - Implementation of models for which an evidence base exists
  - Domains of particular interest to the HPC include Behavioral Health, Care Coordination and Care Transitions, and Service Line Efficiency
  - The learning created will include lessons about the implementation of the model itself, and perhaps more importantly, the ability of the organization to implement innovative delivery models

Source: HPC-CHART-001, Section I.D.1, p. 6

CHART Phase 1 RFP – Pathways

"HPC has identified a need for investment in capability and capacity development … including limited infrastructure, training, or personnel investment, to provide a foundational base for future system transformation activities. Pathway B projects … may serve as the basis for Phase 2 Investments, but must also be meaningful as a stand-alone investment." **– HPC-CHART-001, Section I.D.1, pp. 6-7**

- **Pathway A: Rapid-cycle pilots**
  - < 6 month model testing
- **Pathway B: Capability and capacity development**
  - Infrastructure
  - Training
  - Personnel investment
- **Pathway C: Planning**
  - Strategic / operational planning



- **Pathway B: Capability and capacity development**
  - Foundational investments (staff or infrastructure) to facilitate engagement in ongoing transformation
  - All proposals should be aligned with goals of CHART program – may serve as the basis for Phase 2 investment but are meaningful as a stand-alone spend
  - Identified, high-need investments that can be tied to awardees plan for transformation
  - Prioritize acquisition or implementation of simple tools and approaches that improve cost reduction, quality improvement, patient safety, care coordination, and communication
  - RFP examples *(pp. 6-7, see slides 25-26)* represent projects aligned with Pathway B goals, but the list is certainly not intended to be exhaustive

Source: HPC-CHART-001, Section I.D.1, pp. 6-8

CHART Phase 1 RFP – Pathways

RFP examples represent projects aligned with Pathway B goals.
The list is not intended to be exhaustive.

a) Investment in clinical information flow between hospital and community-based providers (including, e.g., patient centered medical homes, behavioral health providers, post-acute care providers, and emergency medical services).

b) Supporting tools and training to promote cost reduction and quality improvement (including, e.g., Lean, Six Sigma, Choosing Wisely, or implementation of Walk Rounds and Board Rounds).

c) Implementation or enhancement of the use of clinical triggers and flags, such as integration of key clinical information into electronic health records or other digitized care management tools, as well as enhancing alerts relative to reducing patient harm/monitoring optimal care.

d) Electronic Health Record (EHR) implementation or operational support (may be in form of consulting with professional agency equipped to implement EHR systems or to reengineer workflows to optimize EHR use). Applicants proposing similar activities must demonstrate the distinction between such projects and activities funded through the EHR Incentive Payment Programs or other similar funding opportunities.

e) Development of capacity to implement innovative models for the reduction of emergency department utilization by high-need patients with behavioral or physical health needs. These activities may include enhancement of staff or operational capacities, or development of learning collaborative opportunities with pre-hospital and/or community-based providers and/or enhanced utilization of data for such models as hot-spotting, community paramedicine, group visits, high intensity primary care models, community health workers, etc. [*NOTE: Such proposals must describe efforts taken to ensure compliance with the Emergency Medical Treatment and Active Labor Act (EMTALA) and other applicable federal and state law and regulations at all times.]*

f) Developing and implementing a disease management registry for patient populations representing a significant proportion of inpatient or Emergency Department care at the Qualified Acute Hospital.

Source: HPC-CHART-001, Section I.D.1, p. 7

CHART Phase 1 RFP – Pathways

RFP examples represent projects aligned with Pathway B goals.
The list is not intended to be exhaustive.

g) Resource and needs assessments for patient populations with need for behavioral health services that receive care at the Qualified Acute Hospital, as well as the development and implementation of plans to integrate physical and behavioral health care.

h) Creation of opportunities to promote alignment of physicians and hospitals. This may include convening meetings in which physicians and hospitals coordinate to develop policies, procedures, or tools to promote enhanced alignment and high value care.

i) Identifying and engaging with post-acute providers that provide substantial services to patients cared for by the Applicant in order to develop aligned care models, and joint efforts to improve care transition between acute and post-acute care settings, including implementation of the INTERACT tool in the post-acute setting.

j) Developing data infrastructure and capacity to utilize data to drive internal performance improvement, (including e.g., tracking and improving key performance indicators through the development of dashboards related to business operations and performance improvement, enhancing business intelligence, creating data-marts, or building patient- or provider-focused web interfaces).

k) Developing expertise, capability, and capacity in preparation for Accountable Care Organization models (including, e.g., development of information management capabilities necessary for alternative payment methodologies (APMs), identification of necessary governance and operational capacities, or enhancement of other capacities relative to innovative modes of payment contracting).

l) Developing policies and procedures around advance care planning and end-of-life care, including but not limited to implementation of the Medical Orders for Life Sustaining Treatment (MOLST) program.

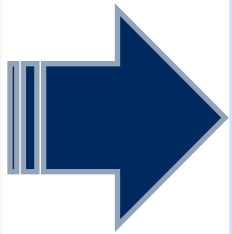
m) Developing capacity and capability for culturally appropriate language access or interpreter services, consistent with local community need.

Source: HPC-CHART-001, Section I.D.1, pp. 7-8

CHART Phase 1 RFP – Pathways

"Qualified Acute Hospitals may have a need to engage in planning activities prior to initiating system transformation work… The deliverable of a Pathway C Investment would be development of a written plan documenting opportunities for improvement of business strategy and operations tied to core community hospital service lines (including, e.g., emergency services, women and children's health, general internal medicine, behavioral health, and general surgical services)." **– HPC-CHART-001, Section I.D.1, p. 8**

- **Pathway A: Rapid-cycle pilots**
  - < 6 month model testing
- **Pathway B: Capability and capacity development**
  - Infrastructure
  - Training
  - Personnel investment
- **Pathway C: Planning**
  - Strategic / operational planning



- **Pathway C: Planning**
  - Strategic and operational planning
  - Output is a written plan to HPC documenting opportunities for improving business strategy and operations of core community hospital service lines (e.g., emergency services, women and children's health, general internal medicine, behavioral health, general surgical services)
  - Applicants must demonstrate lack of capacity to otherwise conduct planning
  - Clinical leaders, operational leaders, executives, Boards of Directors, and members of Patient and Family Advisory Councils (or other community representatives) should all be engaged in planning activities
  - HPC may award Planning funds for unsuccessful Pathway A or B applications

Source: HPC-CHART-001, Section I.D.1, p. 8

CHART Phase 1 RFP – Pathways

"…a Qualified Acute Hospital may apply for a total award of up to $500,000 to fund one or more Pathway related projects or activities, provided however that each application may include only one Pathway A project... No more than $100,000 of the total potential award per hospital may be expended on Pathway C projects… An Applicant should submit one proposal, which has a single central overarching goal, and then identify projects or activities tied to one or more Pathways which contribute to the achievement of that goal." **– HPC-CHART-001, Section I.D.1, pp. 5-6**

- **Pathway A: Rapid-cycle pilots**
  - < 6 month model testing
- **Pathway B: Capability and capacity development**
  - Infrastructure
  - Training
  - Personnel investment
- **Pathway C: Planning**
  - Strategic / operational planning

- The HPC is making a total of $10 million available in this RFP
  - Total funding may not exceed $500,000
  - Pathway C funding is capped at $100,000
- Applicants may apply for multiple Pathways in a single Proposal with a cohesive goal
- Applicants may identify Partnering Organizations (e.g., community-based health care providers, behavioral health providers, post-acute care providers) to receive funds. Such arrangements must demonstrate specific and tangible benefit to the Applicant and the population served, and are subject to review and approval by the HPC.

Source: HPC-CHART-001, Section I.D.1, p. 5, 8

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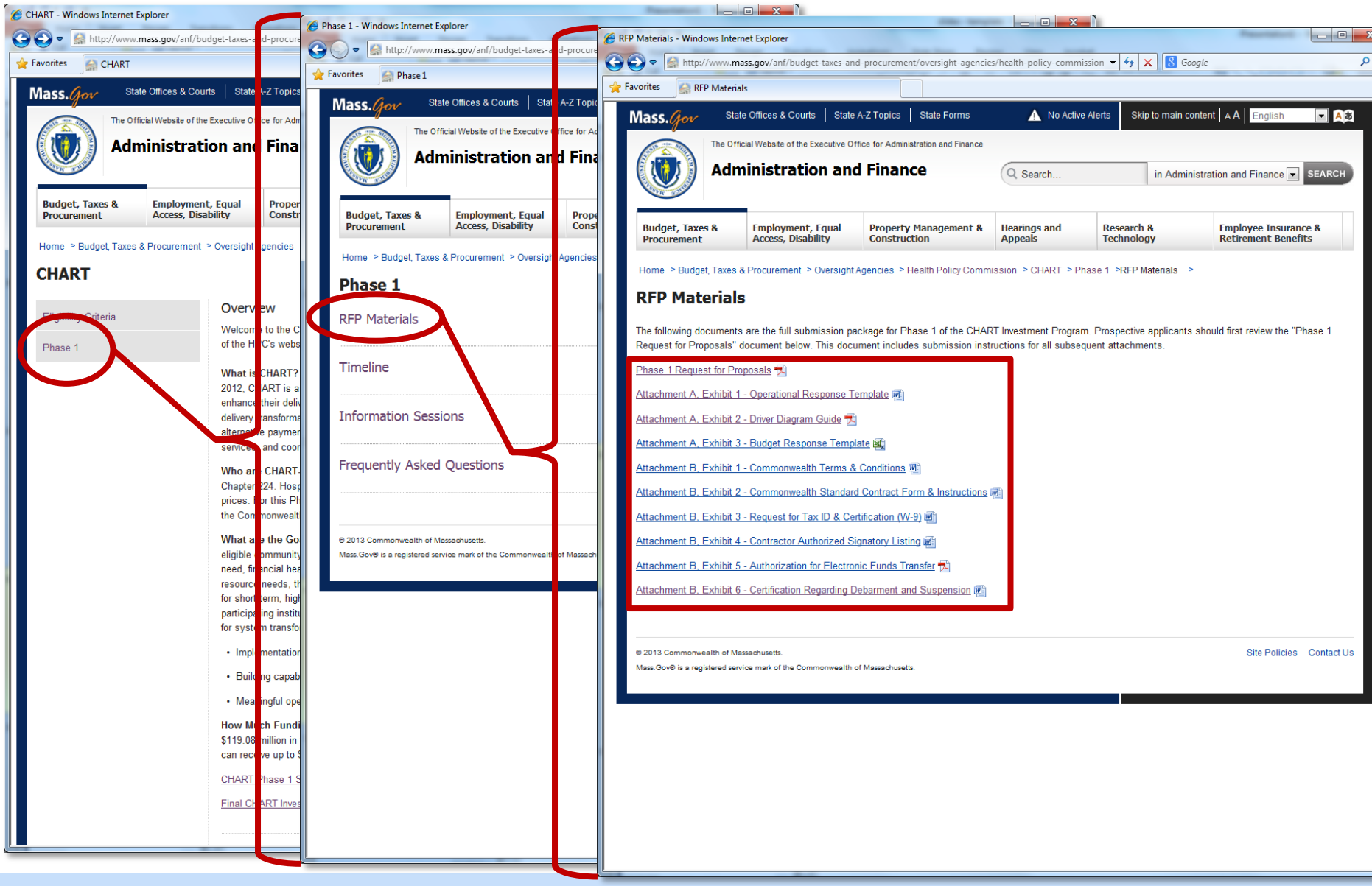
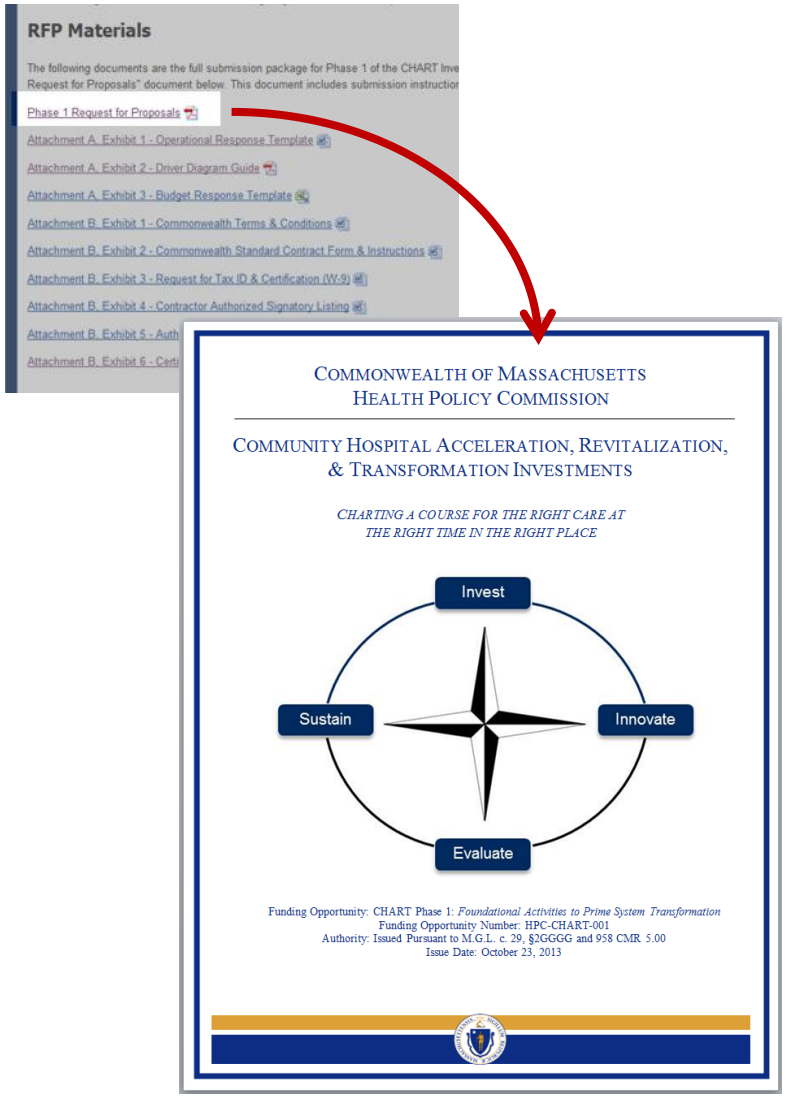


Source: http://www.mass.gov/hpc/chart

CHART Phase 1 RFP Materials

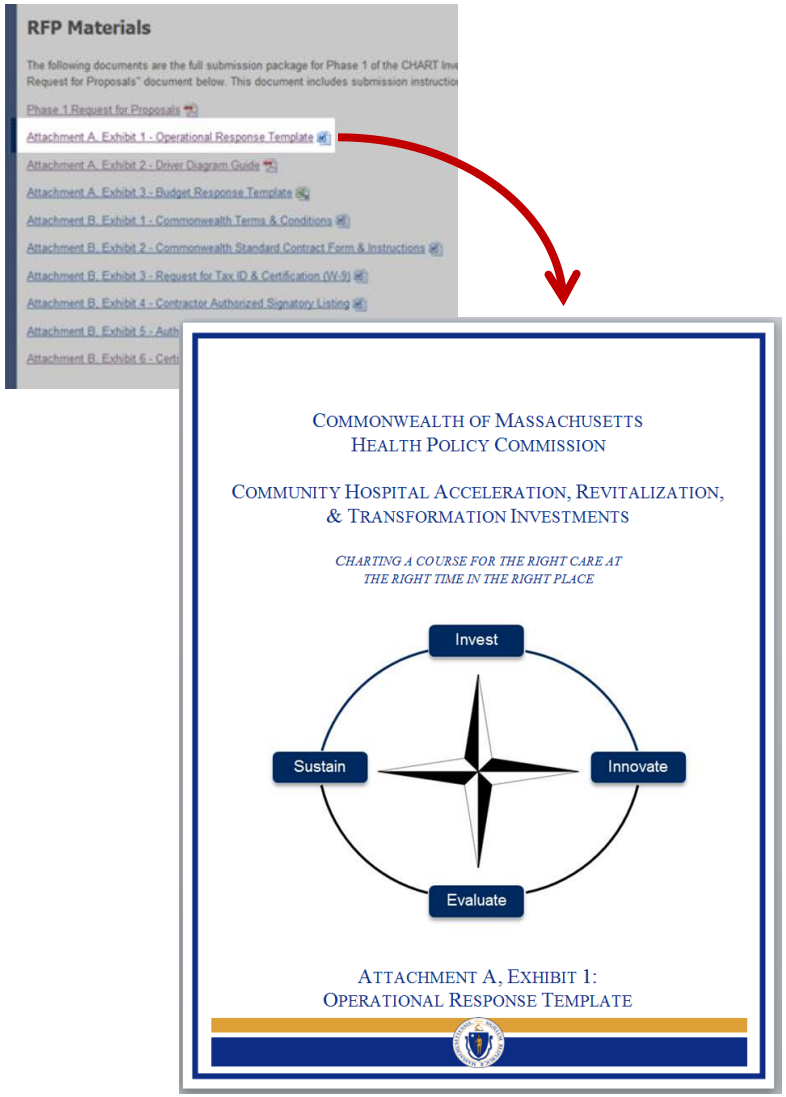


Phase 1 Request for Proposals

- **Section I:** Funding Opportunity Description
- **Section II:** Definitions
- **Section III:** Award Information
- **Section IV:** Eligibility Information
- **Section V:** Response Requirements
- **Section VI:** Application Review, Selection, and Award Process
- **Section VII:** Timeline
- **Section VIII:** Additional Terms and Details

Source: http://www.mass.gov/hpc/chart

CHART Phase 1 RFP Materials



Attachment A, Exhibit 1: Operational Response

- The Operational Response Template will include most of the submission information
- Sections include
  - Characteristics of the Applicants and any Partners
  - Concurrent Funding / Grant Information
  - Proposal Information
    - Staffing
    - Operational Work Plan
    - Metric Selection & Reporting
  - Appendix A: Additional Forms
- **The HPC does not intend for Applicants to submit a separate narrative proposal**
- There are no character, word, or overall page limits; the HPC anticipates that many answers will be brief

Source: http://www.mass.gov/hpc/chart

CHART Phase 1 RFP Materials

- The **Operational Response** document is locked for editing, with only specified fields free for text entry
- Applicants can tab between fields or click on the darker gray boxes to enter information in drop down menus, text boxes, and check boxes
- Additional documents may be attached to answer a question or questions in lieu of typing the answer within the Operational Response. Simply enter the name(s) of the attached document(s) in the answer field. This option is intended to permit Applicants to save time when a question is easily answered by an existing document.

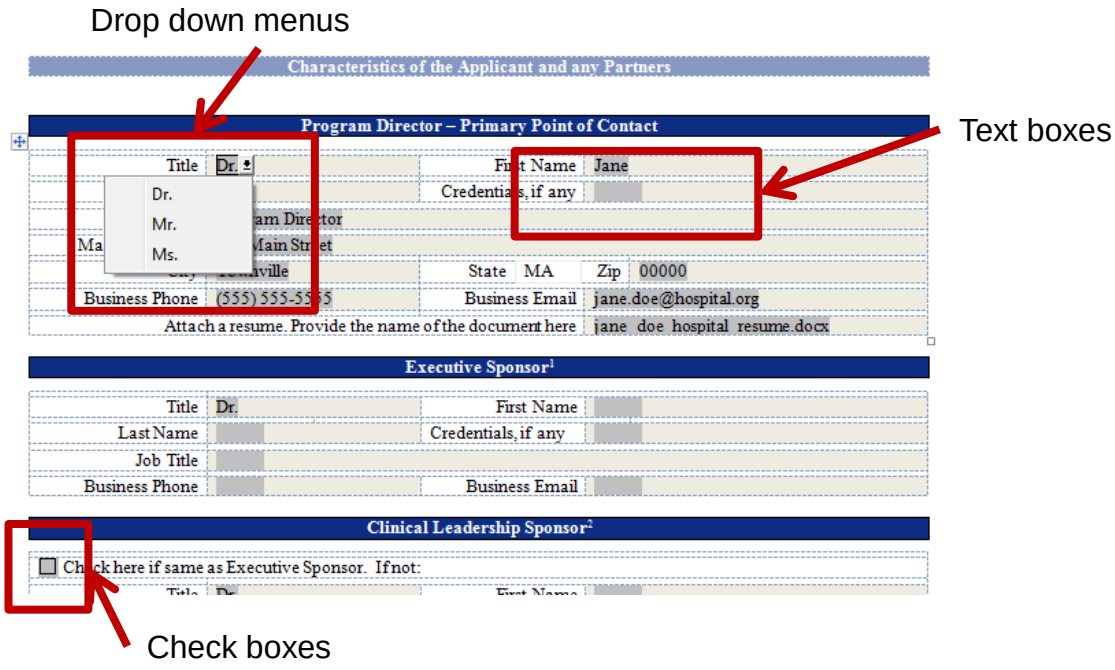
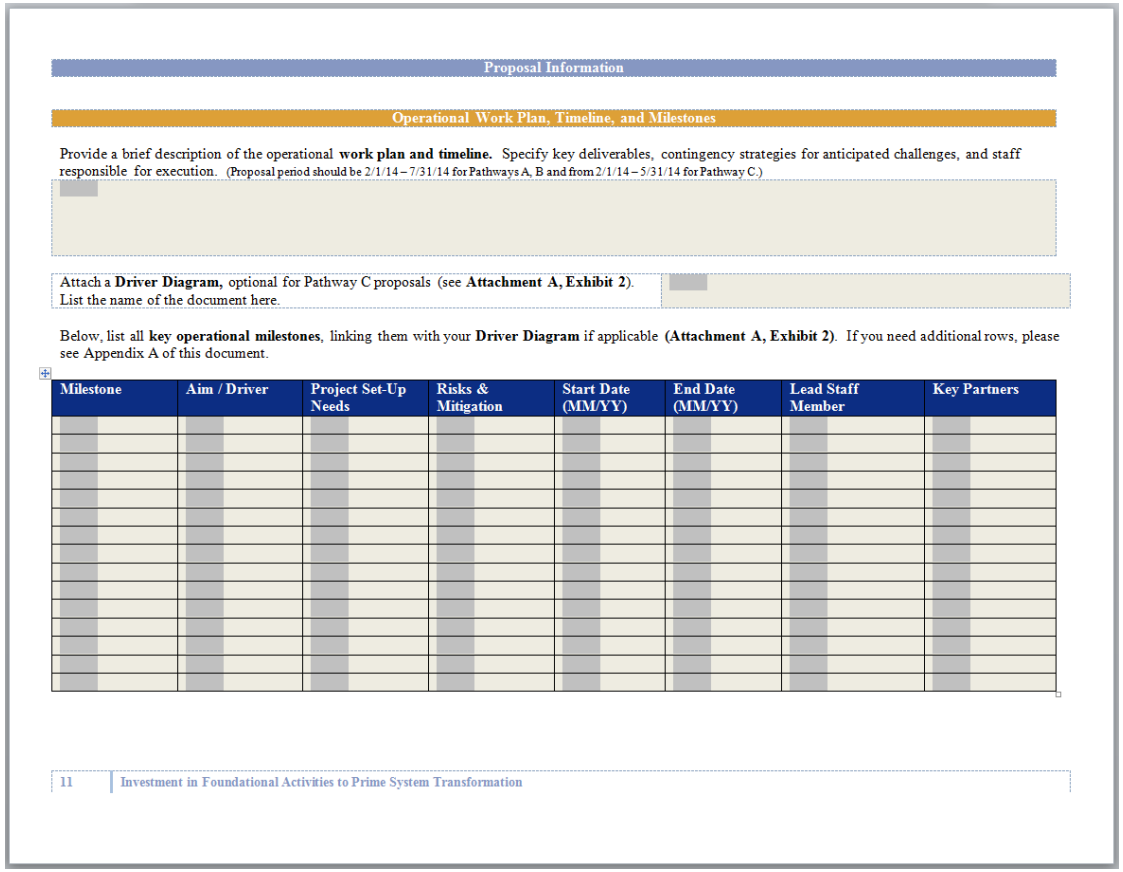


CHART Phase 1 RFP Materials

- Within the Operational Response, the **Operational Work Plan, Timeline, and Milestone** section includes space for key operational milestones, along with a narrative summary of the work plan and timeline
- For Pathway C proposals and potentially Pathway B proposals, the HPC anticipates this section may be brief with few operational milestones



Proposal Information

Operational Work Plan, Timeline, and Milestones

Provide a brief description of the operational **work plan and timeline.** Specify key deliverables, contingency strategies for anticipated challenges, and staff responsible for execution. (Proposal period should be 2/1/14 – 7/31/14 for Pathways A, B and from 2/1/14 – 5/31/14 for Pathway C.)

Attach a **Driver Diagram,** optional for Pathway C proposals (see **Attachment A, Exhibit 2**). List the name of the document here.

Below, list all **key operational milestones**, linking them with your **Driver Diagram** if applicable **(Attachment A, Exhibit 2)**. If you need additional rows, please see Appendix A of this document.

Milestone	Aim / Driver	Project Set-Up Needs	Risks & Mitigation	Start Date (MM/YY)	End Date (MM/YY)	Lead Staff Member	Key Partners

11 Investment in Foundational Activities to Prime System Transformation

CHART Phase 1 RFP Materials

- Within the Operational Response, the **Metric Selection and Reporting** section includes space for metric description, definition, and a plan for measurement/measure collection
- As appropriate, this section should include both performance indicators with a continuous improvement method of measurement to be used to evaluate the impact of the proposal on better care, better health, and reduced cost, as well as operational metrics that describe efficient, effective implementation and adherence to the Work Plan
- Not every proposal will warrant metrics within each of the 10 domains listed

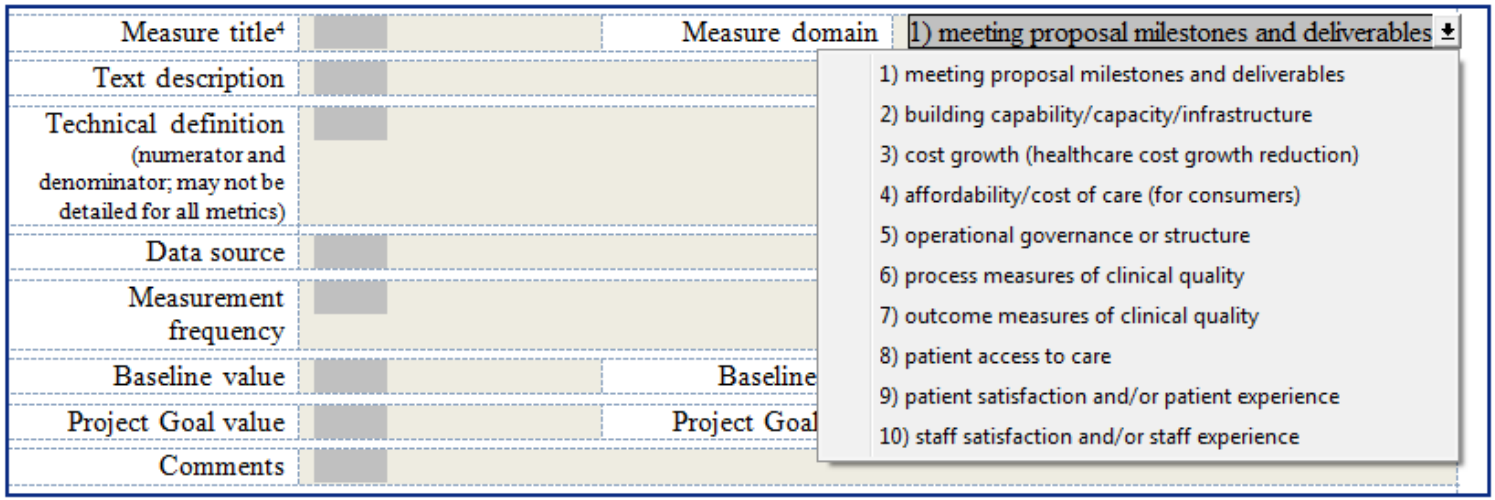
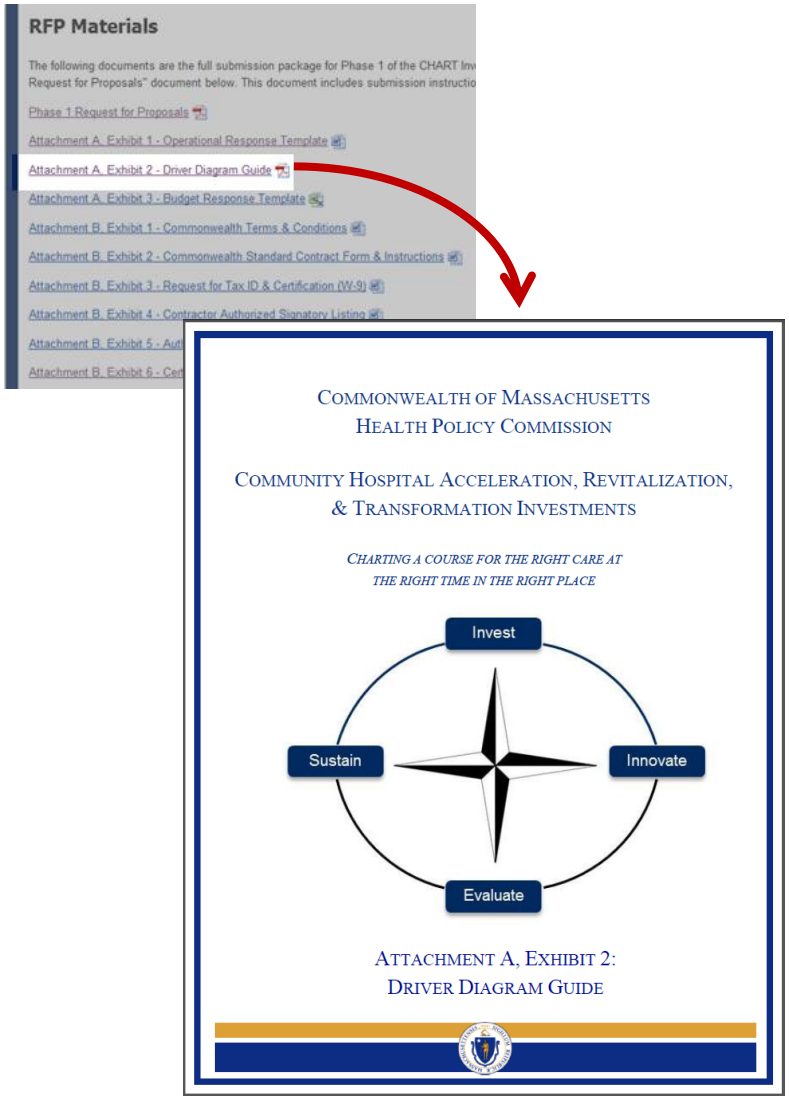


CHART Phase 1 RFP Materials

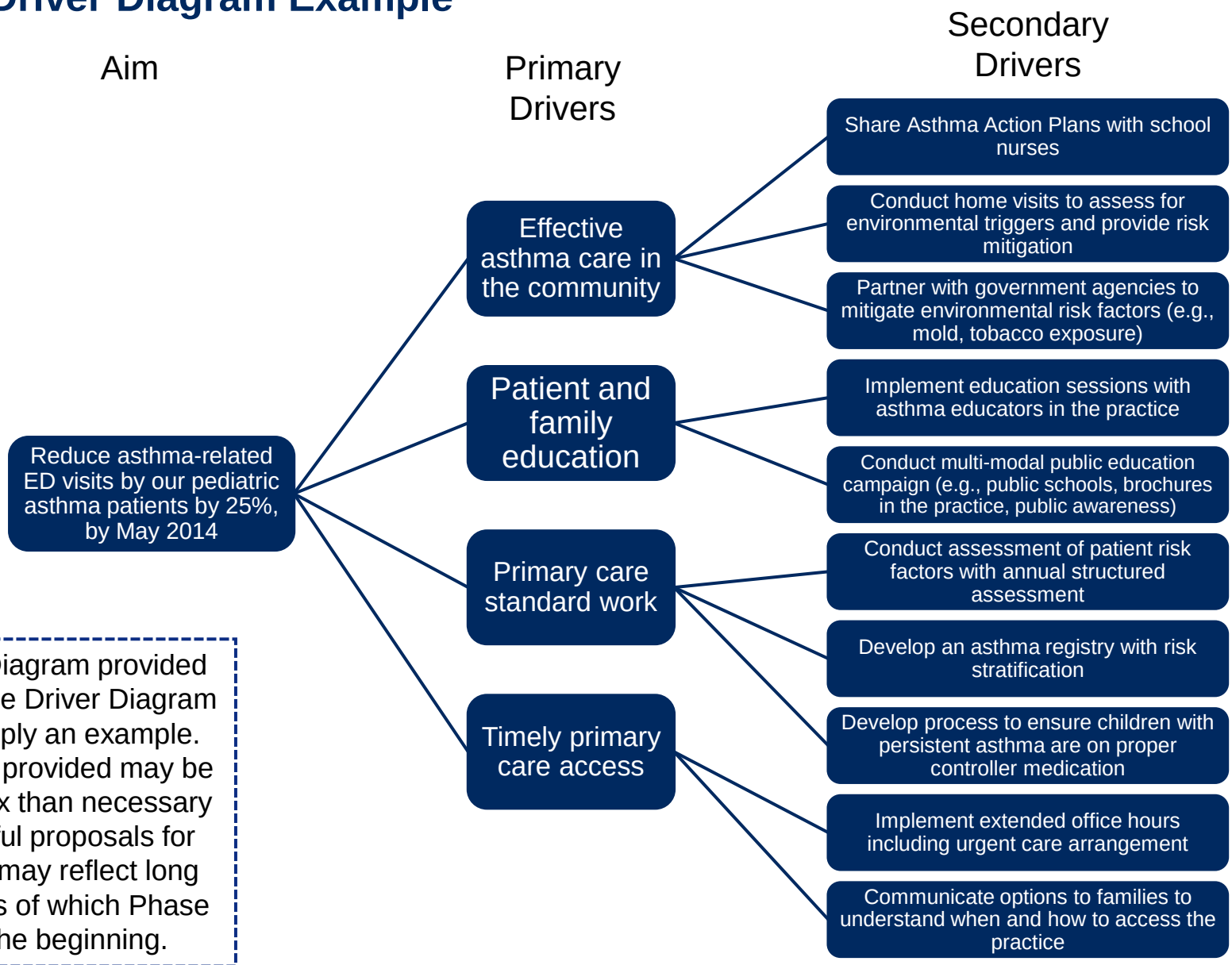


Attachment A, Exhibit 2: Driver Diagram Guide

- Attachment A, Exhibit 2 is a short guide to creating a Driver Diagram, for your reference only
- A Driver Diagram is a simple cause-and-effect diagram that represents hypotheses about what actions and activities will lead to a project goal
- The Driver Diagram should be submitted in native file format (e.g., Microsoft PowerPoint) – no template is provided
- There are many references available for Driver Diagrams, and the Applicants may use other resources as is helpful
- A Driver Diagram is **optional** for Pathway C (Planning) proposals

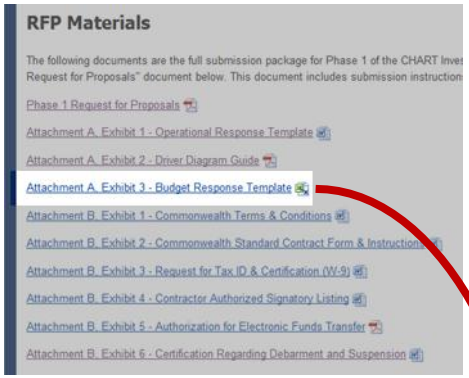
Source: http://www.mass.gov/hpc/chart

Pediatric Driver Diagram Example



This Driver Diagram provided here and in the Driver Diagram Guide is simply an example. The example provided may be more complex than necessary for successful proposals for Phase 1, or may reflect long term activities of which Phase 1 is only the beginning.

CHART Phase 1 RFP Materials



Attachment A, Exhibit 3: Budget Response

- The Budget Response Template will contain details of proposed project expenses
- The Budget breaks down to five categories of expenses, with four sources of funding
- Note five tabs – Budgets are to be broken out by Pathway
- Applicants must additionally submit a **Budget Narrative** including a detailed cost breakdown for each line item outlined. At a minimum the budget narrative must include complete descriptions, explanations, and justifications for the proposed funding allocation. The budget narrative should be submitted in Microsoft Word format, with the file titled [Applicant Name]-Budget Narrative Response. (HPC-CHART-001, Section V.C, p. 18)

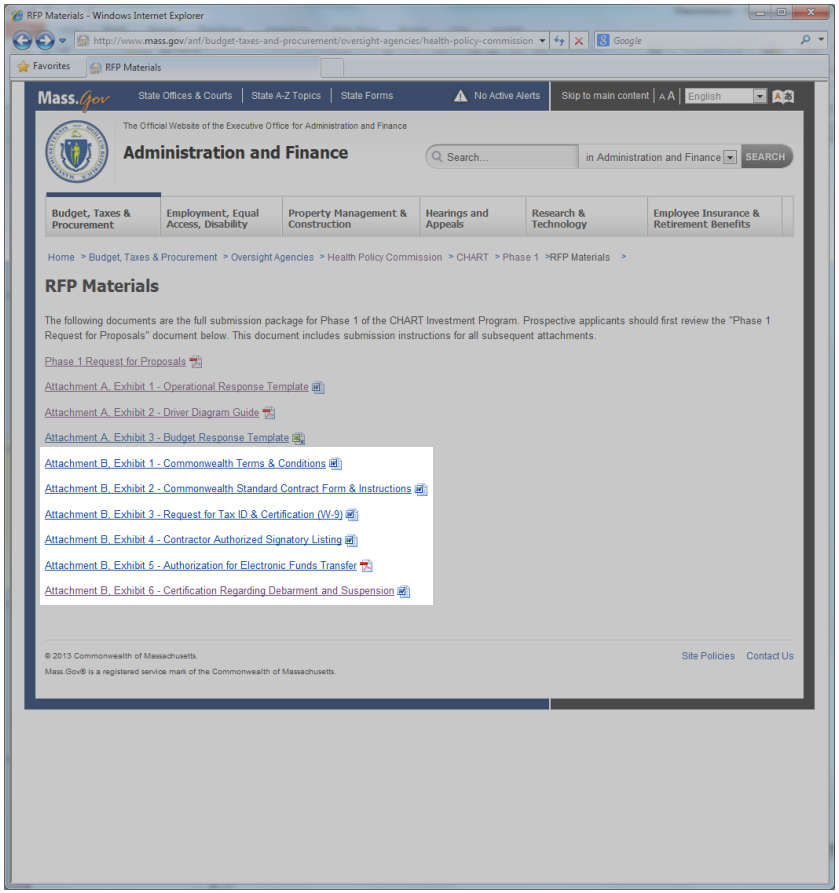
[Applicant Name] - Full Project Budget

Expenses	Total Project Expenses	Amount Requested from HPC	Amount from Other External Funding Streams (list by source in Narrative)	In-Kind Applicant Contribution	Applicant System Cash Contribution
Salary Cost	$ -	$ -	$ -	$ -	$ -
Fringe Benefits: Employer share Cost	$ -	$ -	$ -	$ -	$ -
Consultant/Other Contract Cost	$ -	$ -	$ -	$ -	$ -
Equipment Cost	$ -	$ -	$ -	$ -	$ -
Project Support Costs	$ -	$ -	$ -	$ -	$ -
TOTAL Budget	$ -	$ -	$ -	$ -	$ -

Instructions | Full Budget Template | Pathway A | Pathway B | Pathway C

Source: http://www.mass.gov/hpc/chart

CHART Phase 1 RFP Materials



Attachment B, Exhibits 1-6: Contract Materials

- Attachment B, Exhibits 1-6 include
  - Commonwealth Terms & Conditions
  - Commonwealth Standard Contract Form
  - Request for Tax ID & Certification (W-9)
  - Contractor Authorized Signatory Listing
  - Authorization for Electronic Funds Transfer
  - Certification Regarding Debarment and Suspension

Source: http://www.mass.gov/hpc/chart

CHART Phase 1 RFP Materials

The HPC anticipates that most Applicants will submit only the following

- Cover letter *(HPC-CHART-001, Section V.A, pp. 16-17)*
- Operational Response *(Attachment A, Exhibit 1)*
  - Program Director Resume *(Attachment A, Exhibit 1, p. 2)*
  - Organizational Chart(s) *(Attachment A, Exhibit 1, p. 3)*
- Driver Diagram *(Guide is Attachment A, Exhibit 2; optional for Pathway C)*
- Financial Response
  - Budget Response Template *(Attachment A, Exhibit 3)*
  - Budget Narrative *(HPC-CHART-001, Section V.C, p. 18)*
- Mandatory Forms & Certificates *(Attachment B, Exhibits 1 – 6)*

Submission instructions

"Applicants must submit **five (5)** original paper copies of their proposal… The Applicant must also supply **one (1)** electronic copy of all materials (CD or USB drive are both acceptable). Microsoft Office must be used for all files – PDFs will not be accepted except for signed Mandatory Forms and Certifications documents. All paper copies and the electronic form must be clearly labeled with the title of this RFP and the Applicant's legal name…

Responses must be received by HPC in full at the following address **no later than 3:00 PM** on December 11, 2013, (**Section VII**). Responses must be addressed to:

Margaret D. Senese
Program Manager for Strategic Investment
Health Policy Commission
2 Boylston Street, 6th floor
Boston, MA 02116"

– HPC-CHART-001, Section V.A, pp. 15-17

Source: HPC-CHART-001, Section V.A, pp. 15-17

Key dates

DESCRIPTION	DATE
RFP released	October 23, 2013
Information Sessions	November 14, 20, 2013
Deadline for receipt of written questions on the RFP	December 6, 2013, 3pm
Date for written answers from HPC (anticipated)	December 9, 2013
Deadline for receipt of Applicant Responses	**December 11, 2013, 3pm**
Awardees selected (anticipated)	January 8, 2013
Projected contract execution (anticipated)	February 1, 2013

All dates are estimated except due date (in **bold**) for receipt of Applicant responses.

Source: HPC-CHART-001, Section VII, p. 25; Amended

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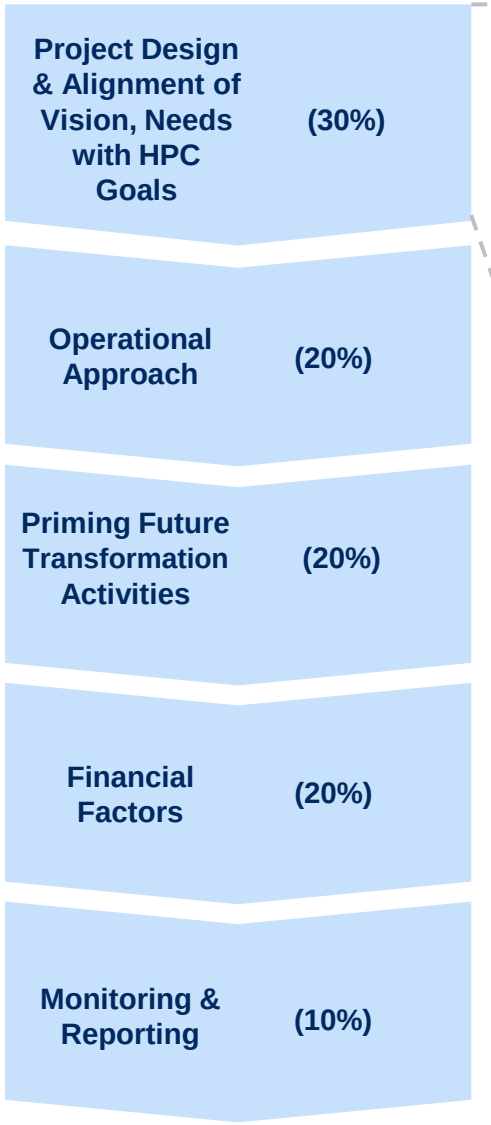
CHART Phase 1 – Review and Selection



Criteria

- Proposal is
  - Well designed
  - Clear
  - Appropriate
  - Comprehensive
  - Feasible
  - Effective to meet RFP goals
- Meets an
  - Identified institutional need,
  - Identified community need, and
  - Aligns with the vision of the institution
- Furthers
  - The health care cost growth benchmark, **or**
  - One or more of the regulatory goals
- *If applicable*, the extent to which the proposal can be replicated or scaled in similar organizations

Source: HPC-CHART-001, Section VI.E, pp. 23-25

CHART Phase 1 – Review and Selection

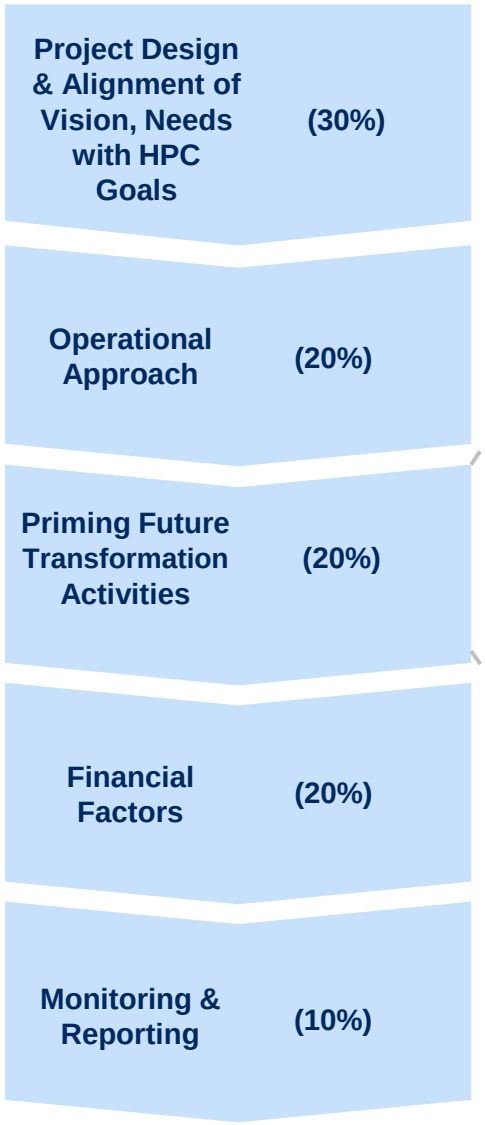
Project Design & Alignment of Vision, Needs with HPC Goals	(30%)
Operational Approach	(20%)
Priming Future Transformation Activities	(20%)
Financial Factors	(20%)
Monitoring & Reporting	(10%)

Criteria

- Relevant experience successfully operating previous similar models
- Demonstrated ability to implement operational changes in proposal
- Operationally feasible within the Period of Performance
- Demonstrates plan for operational accountability, including internal monitoring and oversight
- Staffing is reasonable, with accommodation for concurrent responsibilities

Source: HPC-CHART-001, Section VI.E, pp. 23-25

CHART Phase 1 – Review and Selection

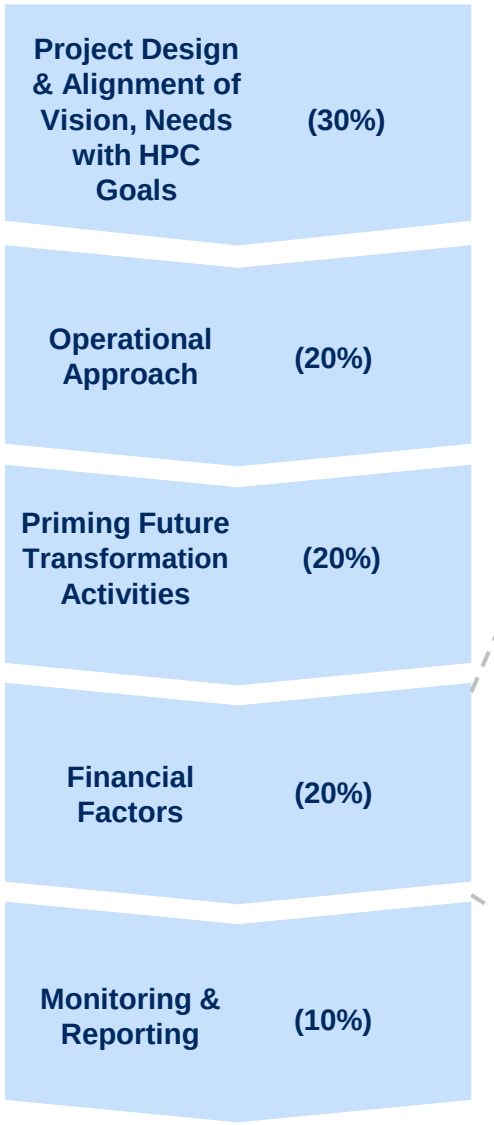


Criteria

- Extent to which Proposal will foster future transformation activities
- Extent to which Proposal demonstrates alignment with ongoing health system investments
- Goals are aggressive but credible
- Demonstrates how Proposal will support the Triple Aim

Source: HPC-CHART-001, Section VI.E, pp. 23-25

CHART Phase 1 – Review and Selection

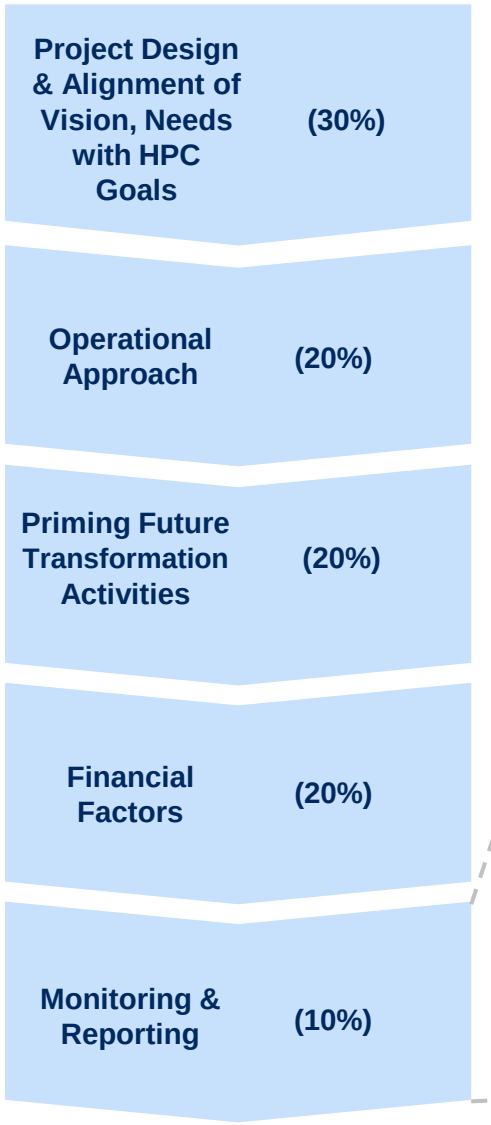


Criteria

- Overall funding available, including internal contributions of Applicant and Affiliates
- Financial health of Applicant
  - Demonstrated financial need based on audited financials
  - Demonstrated financial stability based on audited financials
- Efficiency of Proposal

Source: HPC-CHART-001, Section VI.E, pp. 23-25

CHART Phase 1 – Review and Selection

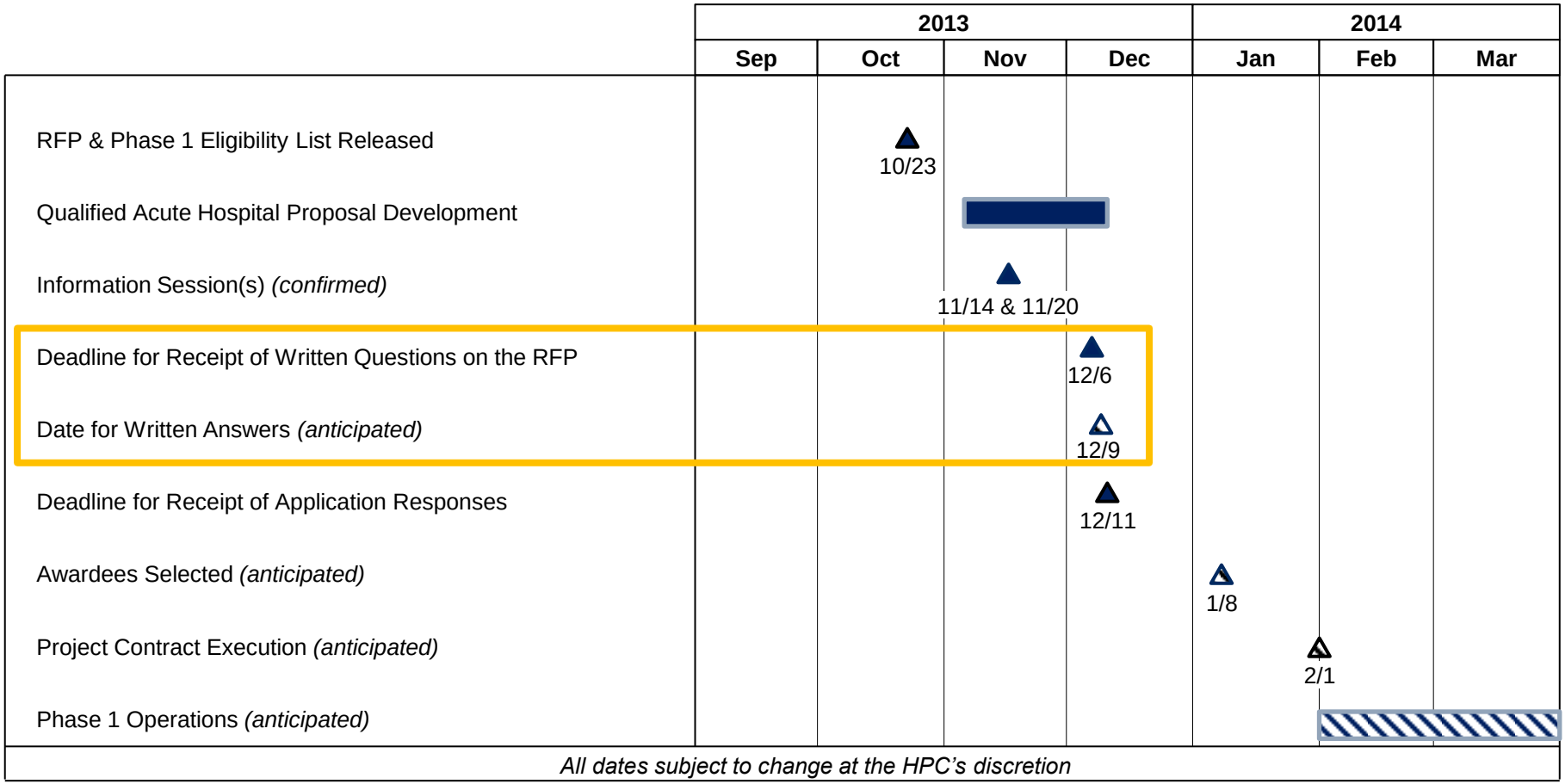


Criteria

- Well-designed and feasible plan for monitoring and reporting
- Includes measures within all applicable domains of implementation
- Includes a plan for obtaining all data

Source: HPC-CHART-001, Section VI.E, pp. 23-25

CHART Phase 1 Anticipated Timeline



Denotes changed

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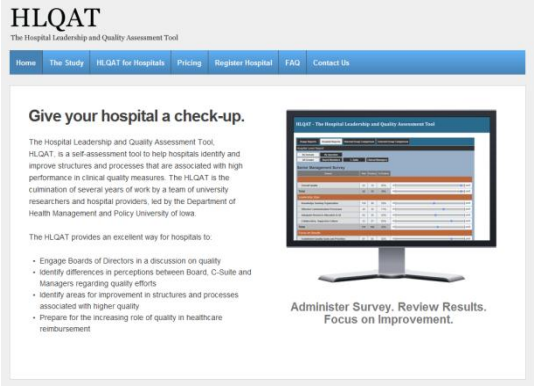
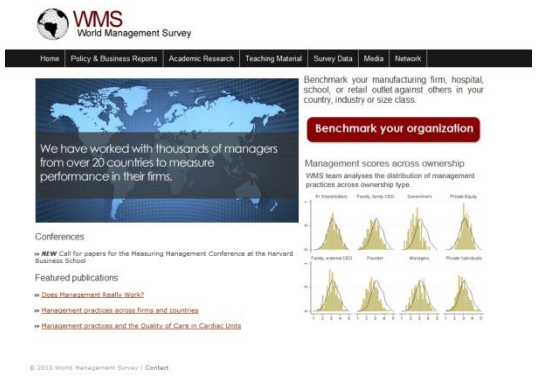
Core Activities – Learning, Improvement, and Diffusion

"Complete an HPC-provided capability and capacity assessment tool (such as the *Hospital Leadership and Quality Assessment Tool* or the *World Management Survey*) with sufficient response rates as specified by the HPC…. The HPC will provide direct funding for completion of a capability and capacity assessment tool – Applicants should not budget for completion of this tool." **– HPC-CHART-001, Section I.2.D, p. 8**



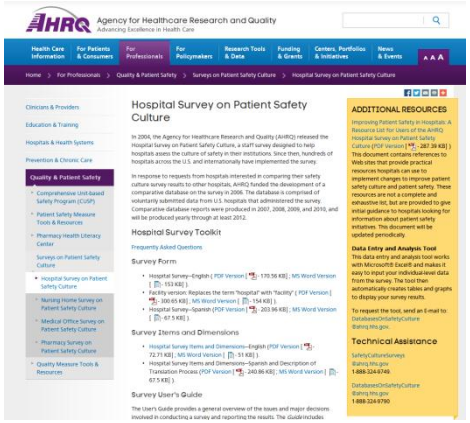


- Evidence suggests a significant association between managerial processes and clinical / financial performance
- Use of such a tool is intended to assess adoption of managerial best practices in order to develop hospital-level feedback for areas of improvement and opportunities for improvement activities in areas of cohort-wide need
- The HPC anticipates that such an assessment would require some level of participation of executive leadership, clinical leadership, operational leadership, and the Board of Directors, and would require 45 minutes or less of each participant's time

SOURCE: http://www.hlqat.org/, http://worldmanagementsurvey.org/

Core Activities – Learning, Improvement, and Diffusion

"Complete an HPC-designated survey on patient safety or improvement culture with sufficient response rates as specified by the HPC… Each Awardee will be responsible for implementing a culture survey as specified by the HPC and Applicants should specify anticipated costs of implementing such a survey in their budget proposal (**Section V.C**). *Awardees that have recently completed a culture assessment may be exempted from this requirement at the sole discretion of the HPC*." **– HPC-CHART-001, Section I.2.D, p. 9**



- With culture being a critical driver of patient safety, patient experience, and overall hospital performance, a culture of safety survey is a critical part of any transformation initiative
- Use of such a tool is intended to provide trending data for individual hospitals, as well as a strong signal from senior management that safety is the highest priority and culture is key
- The instrument will be specified by the HPC and is likely to be either the AHRQ Hospital Survey on Patient Safety Culture or the Safety Attitudes Questionnaire (SAQ), with minimum response rate to be specified by the HPC
- Applicants should include a funding requires for completion of a culture survey in the Financial Response

SOURCE: http://www.ahrq.gov/legacy/qual/patientsafetyculture/hospsurvindex.htm
http://www.hret.org/quality/projects/walkrounds-saq.shtml

Core Activities – Learning, Improvement, and Diffusion

"Participate in an executive leadership program (e.g. attendance at an event organized by HPC and focused on achieving rapid, effective performance improvements) – participants from Awardee institutions may include a representative of the Board of Directors, Executive Officers, Clinical Leadership, and Operational Leadership as specified by the HPC." **– HPC-CHART-001, Section I.2.D, p. 9**

The CHART Executive Leadership Program aims to provide:

- Access to expert support and tools to enhance use of data from the management / leadership assessment and culture survey to help drive improvement
- Opportunities for skill development around change-management to support transformation in an era of rapidly evolving health reform
- A forum for ongoing engagement as the HPC develops future CHART Phases

Core Activities – Learning, Improvement, and Diffusion

"Participate in periodic activities and meetings with HPC Staff, other Awardees, or content experts to provide updates, share lessons learned, develop skills, and receive feedback."

– HPC-CHART-001, Section I.2.D, p. 9

Engagement and collaboration activities are intended to:

- Facilitate communication between Awardees and the HPC
- Provide opportunities for resources in areas of mutual challenge for Awardees
- Enable best practice sharing within Awardee cohort

These activities will be heavily dependent on the types of projects proposed and funded, and as such details will be informed by the cohort of Awardees.

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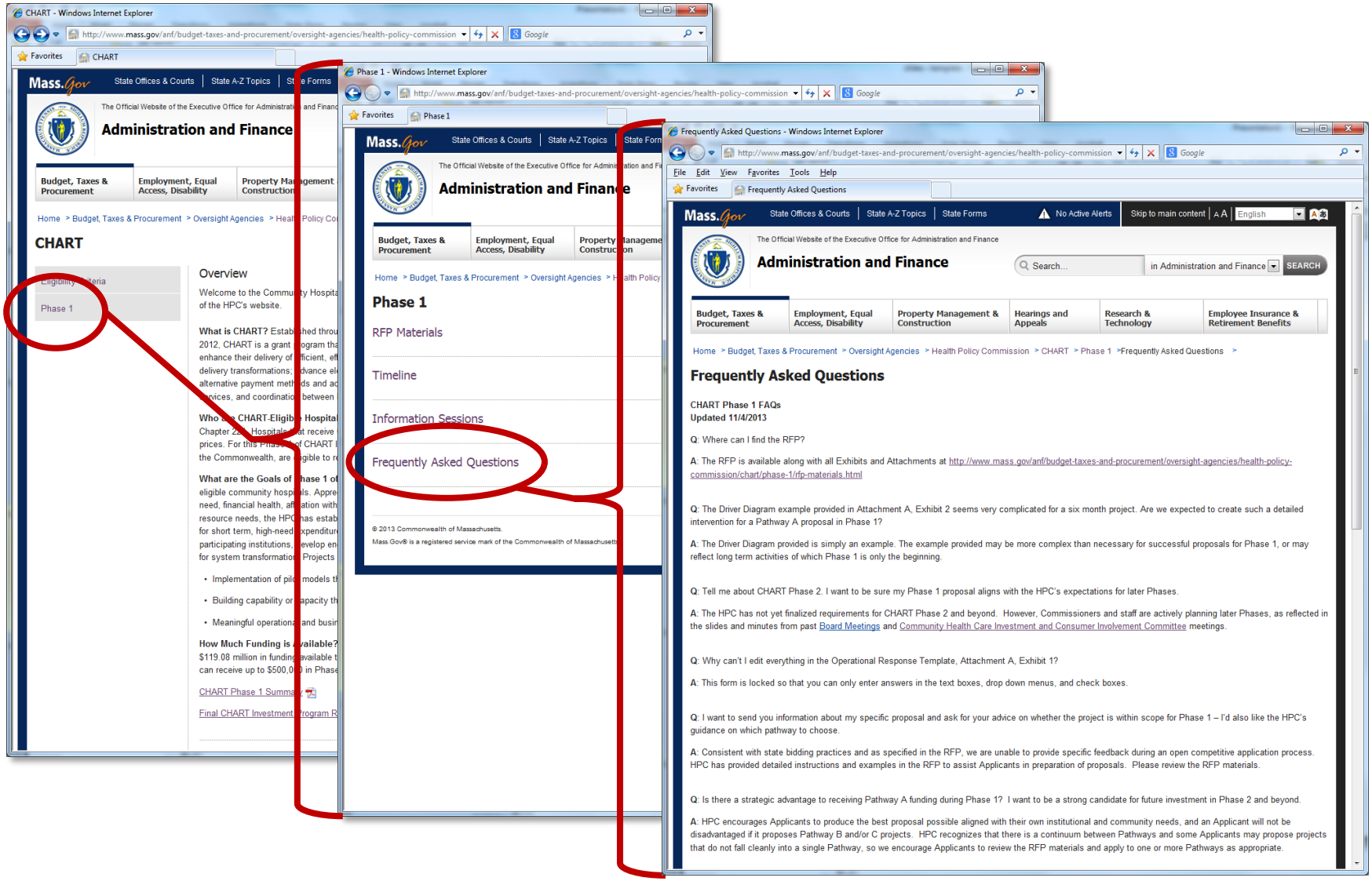
CHART Phase 1 - FAQs



Source: http://www.mass.gov/hpc/chart

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Upcoming webinar

- The HPC is hosting a webinar on November 20, 2013, 3:00-4:30pm
- There is no in-person meeting for this session
- If you have not already requested access specifically for the November 20 webinar, please email HPC-CHART@state.ma.us for registration information
- The presentation will be the same as today's and there is no need to attend both session unless you have additional questions

CHART Contact Information

For more information about CHART:

- Visit us: http://www.mass.gov/hpc/chart
- E-mail us: HPC-CHART@state.ma.us

HPC Contact Information

For more information about the Health Policy Commission:

- Visit us: http://www.mass.gov/hpc
- Follow us: @Mass_HPC
- E-mail us: HPC-Info@state.ma.us